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COOKED OR RAW MEAT?

[Communicated for the Boston and Medical Surgical Journal.]

If either of the writers who have recently published, in the Medical Journal, their reflections on the subject of raw animal food, entertain any reasonable expectation of revolutionizing the habits of man as "a cooking animal," it is certainly to be hoped that their fund of argument is not yet exhausted. It is surely no reason that man *should* eat his meat raw, because he *can*, unless a farther motive can be adduced for it. Let it be shown, however, that to cook is to impair the nutritive value of animal food, and that the condiments of cooking are useless, or worse than useless, and we may be induced to follow the advice of Mr. Webster, in another matter, and "conquer our prejudices"; or, even may join a regiment of raw and bloody reformers, if one shall ever be mustered. At present, we cannot "rest *secure* in the belief that we civilized beings are going counter to some of the primitive laws of digestion."

What are the "primitive" laws of digestion? The most primitive are those deduced by experience, and not codified, so to speak, until long after they had been obeyed as rules of action. In other words, experience regulated the selection of food a long while before science came to explain why and wherefore the rules were right. Experience may have gone wrong, but where is the evidence that it did so? It is not a new fact that Maine lumberers, Arctic explorers and guests at Abyssinian hospitalities, consume, among other things, meat not cooked; and more may be admitted to the same effect, as it is well known that there are whole tribes of savages who take raw meat with evident pleasure. It is also within our own local observation, that an invalid will now and then try animal food raw, as an alterative more promising than drugs. All this, however, proves nothing but man's omnivorous capacity. In comparison with the accumulated evidence of centuries, that man has always cooked his meat when he

could, such individual exceptions are not safe indications of the primitive laws of digestion. Not only has man acted on the law that cooking is useful, but his improvement of food is adopted by carnivorous brutes, who always eat cooked meat when they can get it; and man, again, following up their instinct, has learned that in raising animals to the greatest advantage it is profitable to cook food for them.

But the present purpose is to see what science, rather than experience, teaches in relation to the nutrition to be derived from animal food. The bearing of the evidence from this source may be expected to show, at least, that the laws of physiology and chemistry furnish no reason for changing our habit of cooking. On the other hand, not a little proof may be deduced from it that the nutritive element of meat is in larger proportion and in better form in cooked animal food than in raw.

What is the process of human nutrition? [illegible] at this time, bread, "the staff of life," and kindred articles of food, it may be said, with sufficient exactness, that animal food may be divided into two dissimilar elements, that which is convertible into albumen and that which is not; or, in the language of chemistry, into elements containing nitrogen and those entirely destitute of it. The former of these is convertible into blood; the latter is not. The one is the material for, and component of the tissues of the body, and is digestible, or acted upon by the gastric fluid. The other principal part of the food is fat, and undergoes no change in the stomach; is not affected by the gastric fluid, and passes on unaltered, except by minute subdivision, as in ordinary officinal emulsions. It is a hydro-carbon, or fuel, to be burnt with the oxygen in the lungs, so much of it as is required, and thus energize and convert into structure and sustain, the products of the other portion of the food.

Is there, in physiology or chemistry, any evidence that cooking depreciates the value of either of these as human aliment? Careful analyses have demonstrated that boiled meat, and especially the boiled flesh of the hog, abounds considerably more in nitrogen than the raw; and as this is an important element in tissue-making pabulum, this evidence, so far as it goes, is in favor of cooking. The only deduction from this, which now comes to mind, is the opinion of an eminent chemist that "roasting and boiling alter in no way the composition of animal food," so that adopting either conclusion there is no reason, from this source, to believe that a loss is caused by cooking.

If the conclusion is a reasonable one, that cooked meat is at least as nutritive, if not more so, than raw, when examined by physiological and chemical science, the question may still be asked, do not the facts adduced by the writers in the Journal tend to show that raw flesh will *practically* answer as good a purpose?

There is no evidence, in these facts, of general application. The inferences are drawn from peculiar and not universal circumstances. Zeb. Mitchell & Co., living in the open air, with a good supply of albumen-furnishing bread to eat, had come to quite a rapid generalization that a given and small piece of raw fat "lasted longer" than one of the same size when cooked. In other words, when it was not "tried out" by boiling or frying, there was less "fat in the fire" at once. Wood, also, lasts longer than charcoal; but is it a better heat generator?

It is quite likely, in that moderately cold region, that if they had used no other food, they would in time have burnt up "the house I live in," and wished their albumen-formed structure had "lasted longer." Dr. Kane, who was also never without breadstuff, and respiring an atmosphere so cold that its volume of oxygen was highly condensed, had a peculiar and imperative call for large quantities of hydro-carbon to burn and save his body. Probably he might have swallowed fat in almost any amount, that would "stay," short of a quart of oil. At last, however, having so much oxygen to burn, he tells us he felt an appreciable "decline of muscular power." The slight amount of cellular tissue in which his fat was packed (about as valuable as the sawdust with which savages mix their tallow), furnished him with a poor supply of structure-pabulum, and he may very well have gone into raptures about walrus flesh, raw or cooked, if it would only save his body from the burning. Like the Maine experience, his theory was formed under forced circumstances. Highly, however, as he lauds the raw "pachyderm," there is but little temptation for us to adopt it in this region, as he calls it "a glorious meal, such as the compensations of Providence reserve for starving man alone."

The practical deductions from the occasional festive habits of the Abyssinians, who it seems eat both raw and cooked meat, are not at all unfavorable to the nutritious superiority of the latter. Not unlikely, as they advance in civilization, and become acquainted with M. Soyer, if not with the laws of physiology, they will adopt in full the experience of civilized man. By that time, it is to be hoped that this science will have settled all about the "digestibility" of fat pork, the fat of boiled bacon, &c., if the preceding condensed view of its teachings be incorrect.

Something more than has already been adduced, it would seem, is wanting to justify the recommendation of raw meat, in preference to that which is cooked, for men in health. Every now and then impressible minds are awakened to the possibility, perhaps probability, that the world always has been and is going on wrong; but still it goes on, in this connection, in the old domestic orbit. It was a simple device that deprived man of the distinctive appellation of being a featherless biped, but the feathers will be strip-

ped from many a reformer's cap before man will cease to be "a cooking animal." B.

PYRAMIDAL CATARACT—OPERATIONS BY DIVISION AND EXTRACTION.

BY HENRY W. WILLIAMS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following instance of a very rare form of cataract, and one which has been considered to present peculiar difficulties in regard to operation, is interesting from the cause which produced the affection and the means employed in its removal.

The patient had been attacked after birth with ophthalmia neonatorum, and during three weeks a variety of applications were made to the eyes; the inflammation finally subsiding under the use of frequent tepid lotions and the application of olive oil.

When I first saw him, in May, 1855, he was three years old. The centre of right pupil was occupied by a conical opacity, about the size of a hemp seed, which was evidently a deposit on the anterior capsule of the crystalline lens, and which projected through the pupil into the anterior chamber. This appearance was undoubtedly occasioned by the ophthalmia. The parents said this was the only opacity till within a few months. Since this time, the pupil has shown a bluish-white opacity, like milk diluted with water, extending gradually till nearly the whole lens has become affected. This cloudiness is very different from the chalky-white opacity of the deposit on the centre of the capsule.

The left eye exhibits a smaller deposit, of similar character; but the lens is not otherwise affected, and vision with this eye is good.

I advised an operation on the right eye only; which was performed on the 16th May, 1855.

The child having been etherized and laid upon a table, I introduced a very fine needle through the cornea, and divided the capsule around the circumference of the deposit. The substance of the lens was then broken up, and the deposit pushed with the point of the needle behind the lower edge of the pupil, but was not left in contact with the iris.

He recovered very promptly from the effect of the ether, and seemed quite himself in the afternoon. The room was kept moderately dark, but I did not think it necessary to annoy him by attempting to keep his eye covered with a bandage. He was therefore left at liberty. A solution of atropia was used, to keep up the dilatation of the pupil.

On the 17th, the eye was not in the least injected, and he did

not know that an operation had been performed. The pupil was occupied by a mass of lenticular substance, in the form of flakes, which extended into the anterior chamber.

On the 19th, there had not been the slightest injection of the eye. The flakes of lenticular substance appeared to be in process of rapid absorption, and he returned to his home in another State.

In August following, part of the pupil was clear, but a small portion of the lens and capsule remained undissolved.

From this time I did not see him till December last. A single minute thread of capsule remained attached behind the inner and upper edge of the pupil; but this still adhered to the opaque mass, and had drawn it up to about the centre of the pupil. The dead-white color of this mass rendered it a conspicuous deformity, and its central situation caused some confusion of vision. I therefore determined to extract it from the eye, if possible, by using the minute canula forceps styled "serre t'elle" by the Parisian oculists. To use this instrument, it is only necessary to make a puncture through the cornea with a rather broad cataract needle, and, if this is skilfully done, the canula may be introduced through the trifling wound thus made, before the escape of the aqueous humor. In the case before us the canula was thus introduced, and the opaque globule being seized with the blades of the forceps, was withdrawn with little difficulty from the eye, together with the thread of capsule. No other part of the eye than the cornea being wounded in this operation, the risk of inflammation is small. The boy felt some discomfort from the effects of the inhalation of ether, and the eye was for a few hours slightly sensitive to light; but the next day this sensitiveness had passed away, and the eye was scarcely at all injected. Pupil perfectly clear. He returned home on the second day after the operation.

33 *Essex Street, 6th February*, 1857.

ON THE TREATMENT OF BOILS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—A few days since there fell into my hands the recent work of Prof. James Jackson, of Boston, giving a sort of summary of the large experience of that excellent and eminent physician. In running through it, I was interested, among other things, by his treatment of Boils—a simple but very troublesome disease. It reminded me of the earlier years of my practice, when all sorts of remedies failed, particularly in families or with persons where it would have been much to my advantage and reputation if I could have been successful and rapid in my exhibi-

tions of skill. The treatment of Dr. Jackson was new to me, and I consider it well worth adopting, since all other forms of *medical* treatment may be considered, up to this time, *valueless* in the treatment of these eruptions.

In the course of my hospital practice, while residing at Lahaina, in the Sandwich Islands, I accidentally discovered, some twelve years ago, a remedy for boils, which I have ever since employed in all climates where I have had occasion to practise our "divine art." I have never known it fail to arrest, within thirty-six hours, the progress of a boil which had begun to form, and to prevent the eruption of new ones. The treatment has been so uniformly successful in my hands, that I have been led to communicate it to the profession, and recommend its adoption, by way of experiment, in all cases, but especially in troublesome ones. I have used the method alluded to, at the Sandwich Islands, in cases that came into port from the Equinoctial and Japan Seas, and from the Southern and Northern polar regions. In California and Massachusetts, I have used it with the like successful effects.

My practice is simply to bleed and give no medicine.

My experience leads me to do this with just as much decision as I give quinine in intermittent fever, or opium and sugar of le[illegible]in dysentery. While my experience has compelled me to think less favorably of bloodletting in many serious forms of disease, where it has been highly recommended by eminent authorities, I have become more convinced of its uniform remedial efficacy in the simple disease of boils, than in any other malady.

I hope physicians having large opportunities will try the treatment faithfully, and report results. I was led to adopt the practice as a matter of curiosity and experiment. I had occasion to bleed a seaman (who happened to be afflicted with boils) for some serious disease, wholly disconnected with the eruption. The following day I was surprised to see the furunculi wholly changed in appearance, their summits depressed, cuticle puckered, fiery color abated, soreness better, and in every aspect indicating a radical improvement, and giving me the idea that they could never resume an active state, and that some sudden change of constitution and internal force must have supervened to produce such marked and singular improvement. On reflection, I believed the bloodletting to have been the cause of this alteration, and I resolved to test the point when opportunities occurred. From that day to this, I have used no other remedy for boils, whether small or of a character sometimes assuming the form of carbuncles and abscesses, where these appear in succession.

I recollect some very aggravated cases in persons of apparently strong frames, where either the idea of being bled, the sight of the blood, or the loss of it, has produced *fainting* when I had not obtained more than eight ounces, where it was my in-

tention to take sixteen ounces. I feared for the result of my practice and promises, but the improvement was perceptible within thirty-six hours, and the cure was rapidly effected—to the amazement of the incredulous patient.

I have not found it always easy to induce persons to submit to venesection for this disease. It seems to them a formidable remedy, and so wholly inapplicable, besides, to an eruption which in their opinion requires the prescription of medicines "to purify the blood," that they are apt to object, where not having full confidence in the value of the treatment. They do not stop to think that the effects of blood-letting on the system are more profound and rapid, and perhaps may be more useful in creating immediate changes in the qualities of the blood and in the vital powers of the human constitution, than the ordinary prescriptions from the *materia medica*. Where persons have been acquainted with me, I have found but few explanations necessary; but the affliction of boils, although so annoying, has seemed so simple a complaint to many persons, that I have sometimes felt a degree of embarrassment in proposing venesection, as I knew its novelty would seem to them formidable and objectionable. But I have observed the most flattering success where objections have been the strongest.

If you think this communication of sufficient value to the art of healing to insert it in your Journal, I hope the experience embraced in it may be as successful with our brethren as it has been with me. Very respectfully, your ob't servant,

Troy, N. Y., February 10, 1857. C. F. Winslow, M.D.

CASE OF RIGIDITY OF THE OS UTERI.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Perhaps the following may be worthy of your notice.

Mrs. W., æt. 31, healthy, was seized with labor pains at 3 o'clock, A.M., June 5th, 1856, at full term; first child. She has had four abortions, all at or near the end of the second month.

8 o'clock, A.M.—Pains strong and regular; intermissions distinct; os uteri of the size of a five cent piece, thick and firm, otherwise natural. Pelvis ample. Presentation of the head. Liquor amnii slowly running away.

12 o'clock, M.—Contractions strong and regular; os uteri the size of a ten cent piece, firm; pulse full, 80; vs. ʒ xvi. To have, occasionally, a warm enema.

5 o'clock, P.M.—Os uteri unaltered; to have an enema of antimony gr. i., warm water ʒiv.

8, P.M.—The antimony was followed by very slight nausea. No perceptible change in the os uteri. To repeat enema of anti-

mony grs. iss., tinct. opii ℥iss., starch-water ʒ iv. This was followed by nausea and slight retching. Pains still strong, and her demands for aid urgent.

10 o'clock, P.M.—Very slight, if any, change in the condition of the uterine orifice, to which I now applied pretty freely, ext. belladonnæ. To have a large enema of warm gruel. Pulse 75, full, moderately strong; face red. Passes urine freely.

11 o'clock, P.M.—Os uteri much the same. Vagina, previously cool and well lubricated with its secretions, was now hot and dry; the abdomen tender; face livid, bathed in perspiration; head very hot; pulse full; says her head feels well enough; speech rather indistinct; slight wandering. Vs. about ʒ xxx.; cold to the head; sinapism to the spine.

June 6th, 2 o'clock, A.M.—Pulse moderate; head cool; pains strong and frequent; os uteri about the size of a twenty-five cent piece.

Nine hours after this, the mouth of the uterus being dilated to the size of a silver dollar, with Dr. C——'s assistance it was forcibly dilated with the fingers and pushed over the child's head, and with the vectis the labor was completed at 12 o'clock, M. Child breathed imperfectly a few times, and died; artificial respiration, warm bath, &c., failing to sustain life. Weight, eight and one quarter pounds.

Mrs. W——'s recovery was as rapid and favorable as usual. During gestation she had suffered considerably from hæmorrhoids.

A somewhat unusual feature in this case, was, that during the whole thirty-three hours, the uterine contractions were very strong—so much so, that I feared a rupture of the organ.

Respectfully yours, SAMUEL PETERS, M.D.

Crescent, N. Y., February 7th, 1857.

CASE OF PEMPHIGUS, OR "BURNT HOLES."

BY S. KNEELAND, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was an Irish boy, 13 months old, rather scrofulous-looking, but who had been well till within five weeks of November 26th; had the incisor and first molar teeth. Parents healthy. Lived in a high, airy location on Lake Superior, though somewhat damp; he was not very warmly clad, ate everything his parents did—fat, and chiefly salted meats, and was brought up in the filth of his race, increased by the neglect attending the children of laboring people.

About five weeks ago, the mother noticed what she supposed was a chafing in the crease of the thigh and scrotum of the left

side. She paid little attention to it for a week, when she found a string of ulcers, with ragged edges and foul surface, extending for about 1½ inches in length and half an inch in width. About a week after, she saw a redness on the dorsum and root of the penis, which at the end of a week had become a foul ulcer of the size of a five cent piece. Thinking it arose from the irritation of the urine, she paid no attention to it, and could consequently not say how it begun—whether by papule, bulla, or pustule, or whether there was any discharge before the formation of the ulcer. There were no febrile symptoms to attract attention; the appetite was tolerable, and the bowels regular; the child was cross and fretful, and always trying to scratch the parts, as if to allay itching; the flesh was flabby.

The scrotal ulcers were evidently formed by three or more coalescing, as the circularly indented margin would indicate. The ulcers were sunk about one eighth of an inch below the surface, with undermined edges, and the surface was covered with a tenacious dirty-yellow pus; the urinous odor about the parts prevented the detection of the true odor of the discharge. There seemed to be no desquamation, and there was no gangrenous aspect about the sores.

The causes of this condition were evidently improper food, inattention to cleanliness, and perhaps exposure to the damp air of the lake, with insufficient clothing.

Though the bullæ were not observed, the redness of the skin and the character of the ulcers (well represented in Pl. V., fig. 1, of Neligan's Atlas of Cutaneous Diseases) were sufficiently diagnostic. It could not be confounded with herpes or rupia in this ulcerated stage. The treatment at first was simple cerate to the ulcers, with strict attention to diet. The solid nitrate of silver was then tried, without benefit; then an ointment containing a little nut-galls, as recommended by Neligan, with Lugol's solution and citrate of iron internally, and powdered starch to soak up the discharge. The child was cured in a month.

GESTATION AT ADVANCED AGE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I forward you two cases of accouchement, which are somewhat interesting on account of the ages of the patients. If you think them of interest enough to insert in your Journal, please do so.

Case I.—Mrs. B., married about twenty years. Has had three husbands. Is 44 years old. Was confined with her first child, Dec. 6th. I was called at 10 o'clock, A.M.; child born at 4 o'clock, P.M., of the same day. Had been in labor forty-eight

hours before I saw her. Head presentation. Child very large, weighing thirteen pounds. Mother and child doing well.

Case II.—Mrs. H., married two years. Is 48 years of age next April. Was confined with her first child, Jan. 29th, 1857. First saw patient at 3 o'clock, A.M., 29th. Labor began at 6, P.M., 28th. Knee presentation, with prolapse of cord. Waters broke early. Was delivered at 6 o'clock, P.M. Child stillborn from compression of cord. Contraction of os uteri very strong. Was obliged to give a nauseating dose of tartar emetic in order to deliver the head. G. F. Jackson.

Boothbay, Me., February, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Jan. 26th.—*Poisoning by Colchicum.* Dr. Fifield, of Weymouth, read the case.

Martin Murphy, an Irishman, æt. 28, strong and healthy, occasionally intemperate, was suddenly attacked, on Christmas Eve, while standing in his room in company with several friends, with violent pain in the right ham, so severe as to cripple him at once. On the morning of Christmas day, Dr. F. found the patient in bed, complaining of violent pain in the region referred to, and that he had been unable to sleep during the night. He could assign no cause, neither accident nor exposure. He had never had rheumatism. He was unable to raise the limb or to flex it. On examination, the knee-joint was neither swollen nor painful to the touch. The pain was entirely referred to a small spot in the popliteal space. Supposing the case to be one of cramp, a liniment, composed of equal parts of chloroform and olive oil, was ordered to be rubbed upon the part; also, eight grains of Dover's powder, to be taken immediately; if sleep were not procured at the end of two hours, to be followed by twenty drops of laudanum.

Notwithstanding the application of the liniment, leeching, opiates, &c, the limb grew no better, and on the 29th the knee-joint was found to be considerably swollen, the patella being slightly elevated; the urine, also, was high colored.

Judging the case to be one of acute rheumatism affecting the fibrous structures, twenty drops of the wine of colchicum was ordered to be taken every six hours. On the following day the patient was much better and the pain greatly relieved, and he was able to move the limb. He said he obtained relief soon after the first dose. He was ordered to continue the colchicum every eight hours. On visiting the patient at 3, P.M., on the next day, Dr. F. found him pale, cold, vomiting constantly, purging, and complaining of great thirst and pain at the epigastrium. Pulse feeble. He said he had found continued relief from the medicine, that the pain had disappeared, and he was able to move the limb quite freely, and even to get out of bed. He also stated that he had been led, in consequence of the great and immediate relief he had

experienced from the colchicum, to increase the dose, and had taken, in the morning, *half an ounce*, thinking that a large dose would restore him to perfect health. In two hours, vomiting and purging came on, continually growing worse till Dr. F. saw him. The vomiting was peculiar, occurring with the greatest ease. The purging was not very frequent. Brandy, with thirty drops of laudanum, was ordered; also, sinapisms to the epigastrium. Small quantities of lemon juice were found acceptable. No drink was allowed. At 8 o'clock, P.M., the vomiting had not recurred. One grain of opium was ordered. Vomited once just before taking the pill. Strict orders were given to withhold all liquids, notwithstanding the patient's thirst.

On the next morning he was reported to have vomited since eleven o'clock on the night before, at which time his wife gave him a pint of gruel and cold water *ad libitum*. He was quite feeble; the pupils widely dilated and the pulse weak. Solid opium was ordered. All liquids were withheld, except occasionally a tablespoonful of an effervescing mixture, and no vomiting again occurred. On the 3d of January he had entirely recovered.

Dr. JOHN WARE said that he had known of one or two cases of death, partly attributable, in his opinion, to the effects of colchicum. One was a case of violent rheumatism. The patient having been put under the influence of this remedy to the extent of being purged eight or ten times a day, the rheumatic symptoms subsided, but the bowels continued to act, the discharges became bloody, and death took place at the end of a week. On examination *post mortem*, the *colon* was found swollen and inflamed throughout its whole extent, with patches of lymph upon its surface. The *left lung* was congested, softened and in a diseased state. The other case was that of a child.

He also mentioned other cases where much prostration followed its exhibition, together with bloody discharges, vomiting, &c. The effect of this remedy upon the rheumatic affection he had found very marked.

Dr. Ware also alluded to the effect of colchicum in certain abdominal affections. In one case, the patient, a stout, healthy man, had been troubled with a painful affection of the abdomen resembling colic, not unlike that form produced by lead, there being, however, no evidence that it was due to this poison. Various remedies were tried without avail. Colchicum was at last given in moderate doses, till a mild action of the bowels took place, this being continued for ten days. The effect of the medicine was to diminish the pain even before purgation came on, and the patient was entirely cured.

In another case, one of chronic painter's colic, in which, also, various remedies had been vainly resorted to, colchicum effected a permanent cure.

Dr. JACKSON mentioned the case of a Hospital patient with rheumatism, in which purgation having been induced by this remedy, did not cease after its discontinuance. There proved to be inflammation throughout the large intestine. He thought it might be a question whether this condition was in consequence of the subsidence of the rheumatic affection.

JAN. 26th.—*Ovarian Disease.* DR. JOHN WARE reported the details and conclusion of a case of dropsy, of which an account has already been given by Dr. GAY. (See Soc. Rec. Vol. III. p. 47.)

Mrs. S——, aged 27, was delivered of her first child six years ago,

after a hard and long labor. She recovered slowly and imperfectly. Had pain in the ovarian regions of each side, with fever and swelling of the abdomen after she had left her chamber, and never fairly recovered her health afterwards. She was delivered a second time at the expiration of two years. During pregnancy the abdomen became much more distended than was due to the uterine enlargement, and there was an obvious fluctuation. Her second labor was easy; but very soon after it, the abdomen became suddenly very much distended, partly with liquid and partly with flatus, and never afterwards entirely subsided. For about three years more she continued in a varying but gradually declining state of health—having, during this period, several distinct attacks of peritonitis.

She was first seen by Dr. W. in December, 1855. The abdomen was enormously distended with liquid, the respiration difficult, the pulse rapid and feeble, and the general distress very great. For a few days some relief was attempted, but the condition of the patient became rapidly so much worse, that she was tapped by Dr. Gay, though at the time of the operation it seemed very doubtful from her extreme feebleness and distress whether she would survive it. After a few days she began to rally, and became comparatively comfortable, but at the expiration of six weeks a repetition of the operation became necessary.

The canula was now left in the wound, and the fluid drawn off as fast as formed. Presently its character changed, and an extremely fœtid pus was discharged. By washing out the cavity with simple water, the fœter was removed, the cavity diminished in size, and the canula was removed in July. The opening healed. She spent the summer in New Hampshire, enjoyed good health, and on her return weighed 12 pounds more than she ever had before, Her aspect was that of perfect health. Menstruation had returned—too frequently at first, and latterly too copiously. To the right of the median line, and somewhat below the umbilicus, was felt a hard small tumor within the abdomen, which was supposed to be the obliterated ovarian sac.

Six weeks ago she began to complain of pain and tenderness across the epigastrium, with loss of appetite and strength. These symptoms increased. The abdomen enlarged.

Jan. 5th. She complained of pain in and around the uterus, and pain in passing fæces. There was swelling, with distinct hardness in the right pelvis, but the enlargement of the abdomen elsewhere seemed chiefly flatulent.

12th. Enlargement much increased, but the swelling of the right seemed quite distinct from that of the left pelvic region—the former being more dense, the latter fluctuating. The upper part of the abdomen was sonorous on percussion. The whole abdomen was very tender—there was vomiting and inability to take food. Pulse rapid and feeble.

16th. Increase of symptoms—but though the swelling had increased, there was an evident line of demarcation between that in the two pelvic regions. Above the umbilicus percussion was still sonorous.

21st. Distension had increased very rapidly; it was uniform, and everywhere fluctuating. The countenance was much sunk; the pulse very rapid and feeble; respiration labored, and the whole aspect very unfavorable. Vomiting continued. She was again tapped by Dr.

Gay, and about 16 pints of a thin bloody fluid drawn off. A good deal of relief to the patient followed; the fluid continued to discharge through the canula which was left in. There was, however, no material improvement, and death took place Jan. 25th, four days after the operation.

The liquid discharged in the two first operations was of a thick dark coffee-like color, and of a thick ropy construction. There can be little doubt that it was from a cyst. In the last operation the collection was unexpectedly found to have been in the cavity of the peritoneum, which accounts, probably, for its different character.

Post-mortem Examination.—Externally, the *abdomen* was flattened and irregular. To the touch, this irregularity was produced by an indurated mass occupying more particularly the whole region on the right side of the median line, from the liver to the iliac fossa. An incision was then made from the ensiform cartilage to the pubis. A liquid (claret colored), similar to that removed at the time of the tapping, was seen in the abdominal cavity. A crucial incision was then made on a line with the umbilicus, and the whole of the fluid sponged away. On turning outwards the abdominal flaps, their whole *peritoneal surface* was found much thickened, and at some points inflamed, at others dotted with red spots in large numbers, and generally presenting a roughened, honey-comb looking appearance. There was no indication of an ovarian cyst that had been opened. On searching carefully, it was clearly seen that the whole *omentum* was diseased, thickened, and adherent to the abdomen laterally. The adhesions were such that a complete partition was made between the intestines and the abdominal walls anteriorly. Here was an artificial cyst or cavity, made where the fluid had collected. The fluid was not ovarian, and its red, claret, bloody color was undoubtedly owing to blood that had escaped from the red spots. In the region of the liver and stomach was another cavity, containing the claret liquid, and communicating with the main one. In the gross appearances, the disease of the omentum looked very much like the tissue of the pancreas, made up of large granules or lobules, irregular in their size and shape, friable in some places, firm and almost elastic in others.

The disease was separated at the upper part of the abdomen, and then removed from below with the uterus and ovaries, to which it was strongly adherent.

At a subsequent thorough examination by Dr. Ellis, the disease was entirely separated from the uterus and ovaries. The remains of the cyst that was formerly tapped, were found in a healthy state, the size of half of the palm of the hand, an inch thick, with traces of the former cavity. It was unmistakably the contracted, thickened cyst. Nowhere in its structure was there any sign of the disease of the omentum. The *uterus* was healthy. There was a cyst, of the size of a hen's egg, in the other ovary.

The following is the account furnished by Dr. Ellis. The large thickened mass, probably the omentum, was so closely connected, and continuous with the pelvic organs, that the line of separation could not be distinguished. The pelvic organs themselves were also so closely bound together, and covered with adventitious material, that they could hardly be traced.

The old sac was, however, finally found, its upper edge closely at-

tached to the lower edge of the thickened omentum. It was connected with the left ovary and formed a fibrous, dull-white flattened mass, nearly an inch in thickness and about three inches in diameter. Externally it was, in parts, pretty smooth and rounded, elsewhere wrinkled and irregular, having been torn up from the posterior part of the uterus. The outline of the cavity was distinct, though the latter was obliterated by adhesions, which were separated with little difficulty, the inner surface thus exposed being pretty smooth.

In the other ovary was a cyst, about two inches in diameter. The thickened omentum presented a peculiar appearance, being composed of a firm, grayish-white substance, in which were many small masses of fat, looking like those generally seen in the omentum, though smaller. The adventitious material had apparently formed around them. Microscopically it was a cell-growth, but no positive opinion could be expressed with regard to its character.

Feb. 9th.—*Tracheotomy for the removal of a Pebble from the Trachea.* Case reported by Dr. Salter.

On the 13th of November, 1856, Dr. S. received a letter from Rev. Mr. S., of D——, N. H., from which is the following extract:

"G. has the asthma—as is supposed. His breathing and peculiarity of cough have been of such a character for the last six weeks as to indicate this—wheezing, &c. The very day his complaints commenced, the boy had a pebble-stone in his mouth, and came near being strangled by it. While attempts were made to get it out of his throat, it disappeared; but whether into his stomach or into the windpipe, I do not know. From that moment to the present time, he has suffered from what the Doctor suggests may be asthma. *Can any thing be done for him?*"

Dr. S. stated in reply, "that he never knew or heard of a case of asthma or any similar disease in the family; and as the symptoms mentioned came on suddenly and followed immediately after the disappearance of a 'pebble-stone' from the boy's throat, either into his stomach or trachea, he should refrain from offering any opinion without seeing the boy."

On the 26th of November, the father came to this city accompanied by his son; and from him was elicited the following statement. G. left home in the afternoon, to play in a neighboring garden with a company of children. In the garden were paths which had recently been filled up with sea-beach pebble-stones. There were also a couple of deer in the garden. The children, while enjoying their sport, picked up some of the pebbles, probably for the purpose of throwing at the deer. G. put several into his mouth, but had removed all but one when the deer came towards the children, who being frightened, ran for the piazza for safety. While jumping on to the piazza, G. was suddenly seized with violent coughing and symptoms of strangulation. A woman who was near at hand, and to whom he made signs indicating that something was in his throat, put her finger into his fauces in order to relieve him, and said that she felt the pebble, and while attempting to remove it, it slipped from her fingers. Almost immediately the violent symptoms subsided, and the boy ran home. From this time the child had occasionally had violent fits of coughing. This cough was very peculiar; being short, suffocative, and slightly stridulous. During the day, for the most part, if kept quiet, he had

very little cough, and his breathing was quite easy and natural; but on making any exertion, as in running or going up and down stairs rapidly, coughing was excited, and his breathing rendered so difficult and laborious that it could be heard in almost every part of the house. The fits of violent coughing seldom occurred during the day, unless there was extra exertion. At night, however, after going to bed, the fits of coughing and difficulty of breathing were particularly severe and distressing. Such was the history of the case.

While the boy was quiet, it was noticed that his expiration was more difficult than his inspiration. On applying the ear to the chest, either front or back, light sonorous and sibilant sounds were heard. They were most distinct when the ear was applied to the acromial region of the right side, either back or front. After exertion these sounds were louder. The whistling sound would disappear for a short time after a fit of coughing, and then return.

In view of all the facts, Dr. S. gave it as has opinion, that there was a foreign body in the trachea or one of the bronchi, and advised an operation for its removal. To this the father replied, that as his own physician, in whose judgment and skill he had great confidence, had expressed a doubt as to the pebble being in the trachea, he should delay the consideration of an extreme remedy for the present. Such being the case, and urged to try something, Dr. S. suggested an emetic as affording some chance. This however proved ineffectual, though it acted with great power. Turpeth mineral was the article used.

The child was not again seen until the third of the present month, though he had been heard from through his father several times. During the two months interval no improvement in his condition had taken place, but in some respects the symptoms were much aggravated. Besides the usual symptoms, he had passed through a mild attack of lung fever. The paroxysms of violent coughing became more and more frequent, more distressing, and more prolonged, continuing, for the last few nights, from three to four hours. He complained more frequently of suffering an intense fixed pain in the upper part of the trachea, commencing with the cough and lasting for some time after the fit was over, but gradually subsiding into greater or less continuous soreness. His appetite was failing and his flesh emaciating. The father was again urged to submit his child to an operation, as affording the only chance of saving him. Accordingly he brought him to the city on the third of the present month. On the 4th, Dr. Henry J. Bigelow visited the child in consultation, and agreed as to the diagnosis and the necessity of an operation, and to his skill and judgment the case was now entrusted. Thursday, the 5th, at 12 o'clock, M., was fixed as the time for its performance.

In the morning of the day of the operation, during a paroxysm of coughing, the stone was heard forcibly driven to the upper part of the trachea two or three times, conveying the idea of a light clicking sound at the upper part, and a duller sound at the lower part of the trachea. The boy complained of the usual pain at the upper of the trachea after the fit of coughing was over. This freedom of the stone in the trachea gave reason to hope that there would be little difficulty in finding it;—in short, that it was altogether probable it would be

expelled from the trachea the moment a sufficient opening should be made.

The operation was performed in the presence of Drs. Coale, Hodges, and Coolidge. The patient having been placed upon the table and etherized, he was put in position for the operation. An incision was made exactly in the median line, about two and a half inches long. The skin, fascia and fat being divided, the sterno-hyoid muscles separated, the loose cellular texture and veins being removed from the front of the trachea, and the thyroid gland pushed out of the way, the trachea being stretched and fixed by the assistants and the wound perfectly cleansed of blood, a knife was inserted into the trachea at the lower part of the wound, and three or four rings divided by carrying the knife upwards. A moment after the opening was made, the stone was thrown into the opening by a short and sudden cough, and before it could be seized by the forceps another short cough threw it out upon the napkin. A curved conical silver tube was introduced into the trachea, to prevent the entrance of blood. As soon as all danger of this had ceased, the tube was removed, and the wound dressed with folds of linen cloth moistened with water. These were changed as often as they became dry. In the evening the wound was closed with adhesive plasters. The night was passed more quietly and comfortably, and with more sleep, than the boy had had during any one night for four months. The stone was smooth, and about the size and shape of a Lima bean. After the operation the wound healed rapidly, the patient improved in health and strength, and is now, Feb. 14th, entirely recovered.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 26, 1857.

STRYCHNIA: ITS USES AND ABUSES.

This powerful alkali has figured very prominently of late before the public; and has, in certain instances, been handled, medically, in a manner somewhat remarkable. It is certainly not from any lack of caution as to its use by writers upon Pharmacy and Therapeutics that its powers have been at times very strikingly and dangerously manifested; but it is rather owing to its reckless employment or to an overzeal in eliciting its effects, that accidents under medical management have happened. Those in the habit of prescribing it, if well instructed, know that it is second only to prussic acid in energy, when given in sufficient quantity to affect the system as a poison. A girl, 13 years old, died in about one hour from taking, by mistake, three fourths of a grain divided into three pills; and it has even been asserted that merely inhaling a little of it has proved fatal. Moreover, administered remedially, it sometimes has had an evidently cumulative action, and its effects are very likely to break out suddenly and uncontrollably, unless the greatest care is taken not to give too large doses, continuously. Yet there are instances where, from having long given it ineffectually, the practitioner has become impatient and added, very slightly it may

be, to the usual dose, with the result of throwing his patient into strong convulsions. At other times the increase of the dose has even been more rash. Certainly this is an *abuse* of strychnia.

We have lately heard of employing strychnia in some cases of *insanity*. We do not deny that there may be instances where it is demanded—as perhaps in certain concomitant paralytic states; but we are not cognizant of any special action that is predicated of this medicine likely to benefit the mental aberration. In a case of furious mania recently for a short time under our observation, we learned that *strychnia* had been administered on the outbreak of the affection. We are aware that it has been recommended in certain cases of maniacal aberration—but, as we suppose, in such as exhibited the moping melancholy form, and in hypochondriacal states. We fail to see the indication for its employment in violent, active mania, in young, vigorous persons. If we mistake not, there have lately been reports of similar treatment in analogous cases; if our distrust be only *ignorance*, we beg to be enlightened upon the point. Unless we are thus informed, we put this down as another abuse of strychnia.

It is needless to refer to the frightful and cold-blooded murders, the detailed circumstances of which have made communities tremble. In these cases, the abuse of strychnia has had its *uses*, in that it has given to the world the elaborate chemical reports and investigations required by the legal necessities of the case. These will stand as invaluable evidence, and be always looked upon as mines of information. In connection with this part of our subject, we consider it an *abuse* of strychnia, as of *any* subtle and potent poison, to have it so easily procured. Druggists should not be allowed to vend this medicine, any more than arsenic, opium, prussic acid, &c., to all applicants indiscriminately. Might not much of this abuse be done away by refusing the sale to all who do not present a physician's prescription or order? We are aware that much has been written and said upon this point, and also that nothing, of consequence, has been done. Often these deadly articles are as heedlessly sold as the most simple remedies. The small pecuniary gain to the apothecary, levies a large debt of responsibility against him.

The legitimate *uses* of strychnia are well known. A powerful excitant of the nervous system, without any specific action on the brain, it has been long acknowledged to be a very valuable remedy in certain paralytic conditions. Combined in minute doses with purgatives, it hastens and increases their action; and it has thus been advantageously employed in some cases of amenorrhœa, or of suspended menstruation. We can testify to good service done by it in this way. As a tonic, *brucia*, the other component alkaloid of nux vomica, has been found perhaps more useful than strychnia. The latter is often prescribed in dyspeptic states, such as are accompanied by pyrosis and gastrodynia. Testimony is strongly favorable to its curative effects in spasmodic asthma. Externally, its employment for amaurotic troubles has been extensive.

To recur once more to the abuses of strychnia, or, which amounts to the same thing, of the nux vomica, we cannot refrain from alluding to one which, in view of the strength and unmanageable nature of the agent, should be represented to the too credulous public in the way of a caution. There are those who, by the necessity of their

position and avocations cannot have that knowledge of, and familiarity with this and other giants of the Materia Medica, which fit them for advising or regulating their use. Still, very many, in every community, are willing to take, from such unskilled persons, compounds containing unknown amounts of strychnia, &c. &c. Thus we have *soi-disant* or retired clergymen advertising that they will furnish a prescription for a preparation containing the active principle of St. Ignatius's bean, and the directions for using the same. All such tamperers with human health and life are accountable to a higher tribunal than any earthly one, and those who aid and abet them must bear them company thither. It being quite sure that the adoption of these quack remedies by the people, only brings the honest physician more patients, we shall not be accused of covetousness in protesting against them. We do not aspire to coerce people, even by argument and the exposition of the bold and unwarrantable assumption that seeks to medicate—or rather to poison them—they are free agents, but certainly in no other affairs do they act so inadvisedly or expose precious interests so recklessly as in the care (as they understand it) of their health.

The proper uses of strychnia, as of all medicinal agents, are only thoroughly known by the educated physician. Why does any one desire—or dare—having the manifest peril in view which its improper employment implies—to entrust its administration to the unfamiliar—the adventurer—or still worse, if possible, to their own judgment?

And we even commend to Legislative consideration the dangers constantly attendant upon the unrestricted sale of medicinal articles, a fractional part of a grain of which sometimes takes life more quickly than the knife or the bullet. The facility of procuring such materials arms the unprofessional murderer quite as surely, if less covertly, than it does a PALMER.

ETHER AS AN ANTIDOTE TO CHLOROFORM.

CONSIDERABLE attention was excited in Paris, some months since, by the announcement of M. August Fabre, that the inhalation of ether acted as an antidote to the fatal effects of an overdose of chloroform. A committee was appointed by the Academy of Sciences to investigate the matter, and M. Fabre was requested to repeat before the members the experiments on animals by which he pretended to have discovered this valuable property of ether. The result has been that the experiments signally failed to establish the truth of M. Fabre's assertion, and the committee concluded that, far from being an antidote to the effects of chloroform, ether tended to prolong, and even to aggravate, the dangerous symptoms caused by the excessive inhalation of that agent.

TOTAL ABSENCE OF THE UMBILICAL CORD.

THE *Union Médicale* quotes from a German journal the following curious case. A strong, healthy woman was confined for the fifth time, the other labors having been normal. The midwife felt through the os uteri a soft mass, which she took to be the placenta; there was no hæmorrhage. A consultation of several physicians was held. The membranes had ruptured six hours previously; the os uteri was open, and the upper part of the vagina was filled by a thick, soft body, having all the appearances of the placenta. On passing the finger through

the orifice, forwards and to the left, it came in contact with the ribs of the fœtus, and backwards and to the right was felt the abdominal wall. The finger could be passed completely around the soft mass, which was movable and free, only adhering by its centre to the body of the fœtus, for a small extent. The hand being slowly introduced, a knee was felt and seized with difficulty, by which the child was extracted without further trouble. The child was born at full term, but was very small. There was a large tumor on the back, consisting of a spina bifida. The placenta, which was of normal size, was implanted directly by its centre on the umbilicus. There was no vestige of a cord. The women did well.

Medical Appointments and Resignation.—Dr. William M. McPheeters, one of the editors of the *St. Louis Medical and Surgical Journal*, has been appointed by the Secretary of the Treasury, physician and surgeon to the Marine Hospital at St. Louis, *vice* Dr. George Johnson, resigned.—Dr. Carpenter, of London, has resigned the Chair of Physiology, which he has so long adorned.

Prophylaxis of Puerperal Convulsions.—M. Piedaguel, one of the physicians at the Hotel Dieu, in Paris, recommends strongly the administration of quinine and sub-carbonate of iron to lying-in women who are exposed to the contagion of puerperal fever. He prescribed eight grains of the former and thirty of the latter daily, in divided doses, to every woman who entered his wards. During 68 days he had under his charge 51 patients. Of these, 11 had the early symptoms of the disease, which did not continue; 1 came in from another hospital where she was delivered, with the fever, and delirious; she died in two days. This was the only case which occurred in the wards. During 38 days, another series of 40 women were subjected to the same treatment. Of these, 15 had slight symptoms; 2 were severely sick; 1 died, of puerperal fever, with peritonitis and effusion into the thorax. Thus out of 91 women, only 1 died of puerperal fever contracted in the wards.

Health of the City.—The mortality from scarlatina is still decreasing, though slowly. Last week there were 17 deaths, two less than during the preceding one. During the corresponding week last year there was only 1 death from this cause. The mortality from pneumonia was small, only 3 deaths having been reported. The total number of deaths for the same week of 1856 was 84, of which 17 were from consumption, and 8 from lung fever.

Communications Received.—Case of Croup, with expulsion of False Membrane.—Case of Hernia strangulated by the neck of the sac.—Observations on the Veratrum Viride.

Books and Pamphlets Received.—Statistical Report on the Sickness and Mortality in the Army of the United States, compiled from the Records of the Surgeon-General's Office, embracing a period of sixteen years. Prepared under the direction of Brevet Brigadier General Thomas Lawson, Surgeon-General U. S. Army, by Richard H. Coolidge, M.D., Assistant Surgeon U. S. Army. (From the Surgeon-General.)—Semi-Centennial Anniversary of the Medical Society of the State of New York.—Essay on Muscular Action and its Conditions. By J. H. Walters, M.D., Professor of Physiology in the St. Louis Medical School.

Deaths in Boston for the week ending Saturday noon, February 21st, 81. Males, 37—Females, 44. Accident, 2—disease of the brain, 1—congestion of the brain, 2—burns, 1—consumption, 20—convulsions, 4—croup, 3—debility, 1—infantile diseases, 6—puerperal, 2—scarlet fever, 17—disease of the heart, 2—inflammation of the lungs, 2—congestion of the lungs, 2—disease of the liver, 2—old age, 2—rheumatism, 2—scrofula, 1—teething, 4—unknown, 2—whooping cough, 1—worms, 2.

Under 5 years, 43—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 8—above 60 years, 5. Born in the United States, 58—Ireland, 20—other places, 3.

Missouri State Lunatic Asylum.—From the third Biennial Report of this institution, by Dr. T. R. H. Smith, superintendent and physician, we take the following items.

On the 27th of November, 1854, the date of the Second Biennial Report, there were in the building ninety-four patients—fifty-three males and forty-one females. During the last two years, ending November 27, 1856, there were admitted one hundred and eleven—sixty-three males and forty-eight females, making the whole number under treatment, two hundred and five. Of this number, there have been discharged seventy—forty-five males and twenty-five females.

Of those discharged, forty-one had recovered, four were improved, four stationary, three eloped and eighteen died.

Since the Asylum was opened, three hundred and four patients have been admitted—one hundred and sixty-seven males and one hundred and thirty-seven females. Of this number, one hundred and sixty-eight were old cases, and one hundred and thirty-six recent.

The Vapor of Amylene.—On Saturday last we again saw this substance employed by Dr. Snow, in place of chloroform, at Kings's College Hospital. It was first given with good effect to a child with a nævus, then to another with a hare-lip: in both it seemed to answer very well. In a third case, of plastic operation of the face of a man, although there was some amount of consciousness, complete insensibility to pain was manifest; and, when the operation was concluded, which moreover occupied some time, the faculties were very quickly indeed restored, and the man walked to the wards without support, instead of being carried, as after chloroform. The effects of amylene were very fairly tested in this case, and were as satisfactory as could be desired. In a fourth patient—an elderly plethoric female—anæsthesia appeared to be more completely produced than in any of the others, with some slight coma, and, for a very short time, complete unconsciousness. In seventeen instances in which Dr. Snow has given the amylene, in not a single one was there any sickness or vomiting, which, we think, is a decided advantage over the chloroform, although it requires a much larger amount to be used to produce its desired effects. Dr. Snow believes a substance will yet be found that will produce anæsthesia without loss of consciousness.—*London Lancet, Jan.* 10.

Medical Miscellany.—A Free Dispensary has been opened in New Orleans, by the New Orleans School of Medicine. This school has held its first lecture term this season, and was quite successful. The new Dispensary will give to it additional advantages, and will no doubt be a great public benefit—it being the first institution of the kind in New Orleans.—Prof. Austin Flint, of Buffalo, is preparing a work on the "Diagnosis, Pathology and Treatment of Diseases of the Heart."—Prof. F. H. Hamilton has been elected President of the Erie Co. (N. Y.) Medical Society.—There are twelve physicians in the Massachusetts Legislature the present session—the Speaker of the House being one of the number.—Scarlatina is stated, in the *Nashville* (Tenn.) *Medical Journal*, to be remarkably mild in that city the present season.—A Naval Medical Board will be convened in New Orleans, on the 16th of March next, for the examination of candidates for admission to the Medical Corps of the U. S. Army.